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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/802,954
	Filing Date	03/16/2004
	First Named Inventor	Kevin D. Horner-Richardson et al.
	Art Unit	3742
	Examiner Name	Unknown
Total Number of Pages in This Submission	Attorney Docket Number	9858-000149/COJ

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>  <b>Check in the amount of \$172.00; and</b>  <b>Return Receipt Postcard.</b>
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kelly K. Burris, Reg. No. 46,361 Harness, Dickey & Pierce, P.L.C.
Signature	
Date	July 27, 2004

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kelly K. Burris	Express Mail Label No.	EV 298497295 US
Signature		Date	July 27, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

EV 298497295 US

<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <b>FEE TRANSMITTAL</b>  <b>for FY 2004</b>  <small>Effective 10/01/2003. Patent fees are subject to annual revision.</small> </div>	<b>Complete if Known</b>	
	Application Number	10/802,954
	Filing Date	03/16/2004
	First Named Inventor	Kevin D. Homer-Richardson et al.
	Examiner Name	Unknown
	Art Unit	3742
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 172.00		Attorney Docket No. 9858-000149/COJ

<p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p> <input checked="" type="checkbox"/> Check    <input type="checkbox"/> Credit card    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other    <input type="checkbox"/> None         </p> <p> <input type="checkbox"/> Deposit Account:         </p> <div style="margin-left: 20px;">           Deposit Account Number: 08-0750             Deposit Account Name: Harness, Dickey &amp; Pierce, P.L.C.         </div> <p> <b>The Director is authorized to: (check all that apply)</b>  <input type="checkbox"/> Charge fee(s) indicated below    <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.         </p> <p style="text-align: center;"><b>FEE CALCULATION</b></p> <div style="border: 1px solid black; padding: 5px;"> <p><b>1. BASIC FILING FEE</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th></th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td>Utility filing fee</td> <td></td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td> <td>(\$ 0)</td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Claims</td> <td>9</td> <td>-20 **</td> <td>=</td> <td>0</td> <td>X</td> <td>18</td> <td>=</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>8</td> <td>-6 **</td> <td>=</td> <td>2</td> <td>X</td> <td>86</td> <td>=</td> <td>172</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>=</td> <td>0</td> </tr> </table> <div style="margin-left: 20px;"> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th></th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>** Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td> <td>(\$ 172)</td> </tr> </tbody> </table> </div> </div>	Large Entity		Small Entity				Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	1001	770	2001	385	Utility filing fee		1002	340	2002	170	Design filing fee		1003	530	2003	265	Plant filing fee		1004	770	2004	385	Reissue filing fee		1005	160	2005	80	Provisional filing fee		<b>SUBTOTAL (1)</b>					(\$ 0)	Total Claims	9	-20 **	=	0	X	18	=	0	Independent Claims	8	-6 **	=	2	X	86	=	172	Multiple Dependent					X		=	0	Large Entity		Small Entity			Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	1202	18	2202	9	Claims in excess of 20	1201	86	2201	43	Independent claims in excess of 3	1203	290	2203	145	Multiple dependent claim, if not paid	1204	86	2204	43	** Reissue independent claims over original patent	1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	<b>SUBTOTAL (2)</b>					(\$ 172)	<p><b>3. 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1801	770	2801	385	Request for Continued Examination (RCE)																																																																																																																																																																																																																																																																																																																	
1802	900	1802	900	Request for expedited examination of a design application																																																																																																																																																																																																																																																																																																																	
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<b>SUBMITTED BY</b>				<b>Complete (if applicable)</b>	
Name (Print/Type)	Kelly K. Burris	Registration No. (Attorney/Agent)	46,361	Telephone	(314) 726-7500
Signature				Date	July 27, 2004

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

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**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**CERTIFICATE OF MAILING UNDER 37 CFR 1.8**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service on July 27, 2004, with sufficient postage as first class mail (including Express Mail per MPEP § 512), and addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Kelly K. Burris, Registration No. 46,361

Application No.: 10/802,954  
Filing Date: 03/16/2004  
Applicant: Kevin D. Horner-Richardson et al.  
Group Art Unit: 3742  
Confirmation No.: 4195  
Examiner: Unknown  
Title: TIP GAS DISTRIBUTOR  
Attorney Docket: 9858-000149/COJ

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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**PRELIMINARY AMENDMENT**

Sir:

Prior to examination of the present application, please consider the following:

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 5 of this paper.

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